ALCOHOL SCREENING, **BRIEF INTERVENTION** & REFERRAL: A CLINICAL GUIDE

This resource provides an overview of a simple 3-step alcohol screening, **brief intervention and referral** process.

- **SCREENING AND ASSESSMENT**
- **BRIEF INTERVENTION** AND REFERRAL
- **FOLLOW-UP AND SUPPORT**

It incorporates Canada's Low-Risk Alcohol **Drinking Guidelines** into your routine alcohol screening.

More details and related resources can be found at

WWW.SBIR-DIBA.CA





QUESTION 1

DO YOU DRINK BEER, WINE, COOLERS

OR OTHER ALCOHOLIC BEVERAGES? PROCEED TO YES QUESTION 2 &

NO

ASK WHY NOT? Religious Family Medications In / Cultural History or other issues Recovery

• Explore possible history of trauma

• Refer to health care or community resources

ASK HOW ARE YOU DOING?

WELL

- Reinforce and support continued abstinence
- Review current steps to maintain abstinence

NOT WELL

- Acknowledge that change is difficult
- Support efforts to change and address barriers
- Renegotiate goal and plans to achieve abstinence
- Consider engaging additional or different supports
- Reassess diagnosis: is there a concurrent mental illness?
- Offer support: detox, rehab, community addiction services. medication, etc.
- · Refer to health care or community resources as indicated

GO TO STEP 3-AD

QUESTION 3

QUESTION 2

ON AVERAGE, HOW MANY DAYS PER WEEK DO YOU HAVE AN ALCOHOLIC DRINK?

days per week

QUESTION 3

ON A TYPICAL DRINKING DAY, HOW MANY DRINKS DO YOU CONSUME?

drinks per day

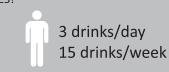
CALCULATE DRINKS PER WEEK

(days/week X drinks/day)

ARE THE DAILY AND/OR WEEKLY AMOUNTS ABOVE THE LIMITS IN CANADA'S LOW-RISK ALCOHOL DRINKING **GUIDELINES?**



2 drinks/day 10 drinks/week





- Reinforce positive behaviour Individualize your advice
- especially if patient is part of a subpopulation for which lower level use is recommended?
- Rescreen annually
- Provide patient with Canada's Low-Risk Alcohol Drinking Guidelines

ELEVATED RISK

Patient drinks at levels above alcohol limits set in Canada's Low-Risk Alcohol Drinking Guidelines and does not meet the criteria for either Alcohol Abuse or Alcohol Dependence.

ALCOHOL ABUSE*

In the past 12 months, patient's drinking has caused or contributed to:

- Role failure (i.e., failed work or home obligations)
- Injuries or risk of injuries
- Drinking while driving or operating machinery
- Legal issues (e.g., arrested, charged)
- Relationship issues (e.g., spouse or friends complained about patient's drinking)
- Does not meet criteria for Alcohol Dependence

ALCOHOL DEPENDENCE*

In the past 12 months, patient's drinking has caused or contributed to:

- Increased tolerance (i.e., need to drink more to achieve the same effect)
- Withdrawal (e.g., tremors, sweating, nausea or insomnia when trying to quit or cut down)
- Failed attempts to stick to limits
- Failed attempts to cut down or quit
- More time spent anticipating or recovering from drinking
- Less time spent on other activities that had been important or pleasurable
- Continuation of drinking despite problems (e.g., personal, work, social, physical, psychological, and/or legal)
- *American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text rev.). Washington, DC.

WHAT IS THE PATIENT'S AT-RISK STATUS?



CONDUCTING A BRIEF INTERVENTION

BRIEF INTERVENTION FOR ELEVATED RISK

#2 E

YES

Help set a goal

• Agree on a plan

materials

• Provide educational

· Refer to health care or

community resources

GO TO STEP 3-ER

BRIEF INTERVENTION FOR ALCOHOL ABUSE

BRIEF INTERVENTION
FOR ALCOHOL DEPENDENCE

ADVISE AND ASSIST

Advise patient of at-risk status

Advise abstinence with medication support

Assess patient's stage of change

IS PATIENT READY TO CHANGE?

and a second

ADVISE AND ASSIST

Advise patient of at-risk status Clearly state your recommendations Assess patient's stage of change

IS PATIENT READY TO CHANGE?

NO

Restate your concern

- Encourage reflection
- Address barriers to change
- Reaffirm your willingness to help

ADVISE AND ASSIST

Advise patient of at-risk status Advise abstinence or cutting down Assess patient's stage of change

IS PATIENT READY TO CHANGE?

NO

• Restate your concern

• Provide follow-up and

support

• Go to Step 3-AA

YES

- Negotiate a goal and develop a plan
- Refer to health care or community resources

GO TO STEP 3-AA

YES

• Reinforce and support

continued adherence

to recommendations

• Renegotiate drinking

goals as indicated

(e.g., if the medical

to resume drinking)

unable to maintain

• Encourage to return if

condition changes or an

abstaining patient wishes

NO

- Restate your concern
 Drawide fallow up and
- Provide follow-up and support
- Go to Step 3-AD

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YES

- Confirm your support
- Monitor for withdrawal
- Prescribe appropriate medications (but be careful with potential for drug abuse)
- Refer to health care or community resources

GO TO STEP 3-AD

FOLLOW UP AND SUPPORT FOR ELEVATED RISK

FOLLOW UP AND SUPPORT FOR ALCOHOL ABUSE

FOLLOW UP AND SUPPORT
FOR ALCOHOL DEPENDENCE

B3AI

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

Acknowledge that change is difficult

- Support efforts to change and address barriers.
- Renegotiate goal and plans: consider a trial of abstinence
- Consider engaging additional or different social supports
- Reassess diagnosis if patient is unable to either cut down or abstain.

YES

- Reinforce and support continued adherence to recommendations
- Renegotiate drinking goals as indicated (e.g.,if the medical condition changes or an abstaining patient wishes to resume drinking)
- Encourage to return if unable to maintain adherence
- Rescreen at least annually

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

• Acknowledge that change is difficult

- Support efforts to change and address barriers.
- Renegotiate goal and plans: consider a trial of abstinence
- Consider engaging additional or different social supports
- Reassess diagnosis if patient is unable to either cut down or abstain.
- Address co-existing physical and mental health conditions

· Refer as needed

Rescreen at least annually

adherence

WAS PATIENT ABLE TO MEET AND SUSTAIN DRINKING GOAL?

NO

- Acknowledge that change is difficult
- Support efforts to change and address barriers.
- Relate drinking to existing health/social problems as appropriate
- Consider engaging additional or different social supports
- Consider prescribing medication for alcohol dependence
- Refer as needed
- Address co-existing physical and mental health conditions

YES

- Reinforce and support continued adherence to recommendations
- Coordinate care with involved specialists
- Maintain medications for alcohol dependence at least three months or longer
- Encourage to return if unable to maintain adherence
- Follow-up regularly
- Renegotiate goals as needed
- Address concurrent disorders
- Rescreen at least annually

For these guidelines, "a drink" means:



341 ml (12 oz.) glass of 5% alcohol content (beer, cider or cooler)



142 ml (5 oz.) glass of wine with 12% alcohol content



43 ml (1.5 oz.) serving of 40% distilled alcohol content (rye, gin, rum, etc.)

Adapted with permission from:

U.S. Department of Health & Human Services, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism. (2005). Helping patients who drink too much: A clinician's guide (NIH Publication No. 07–3769). Retrieved from http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Documents/guide.pdf

Guidelines and Protocols Advisory Committee. (2011). [Clinical practice guidelines]: Problem drinking. Retrieved from http://www.bcguidelines.ca/pdf/problem_drinking.pdfhttp://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/Documents/guide.pdf